

REPORTS INVENTORY					CONTROL NO. <i>DDS/OC-027</i>	
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.) Report of Departee/Returnees (TDY Senior Offices)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL		
		LOGISTICS	SECURITY	OTHER (specify)		
		MEDICAL	FINANCE	COMMUNICATIONS		
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Aperiodically		6. DISTRIBUTION (No. of components not number of copies) 1 - DDS		
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES GIVE ADP PROCESSING NO.	DDS		
10. PREPARING COMPONENT (include lowest level contributing information to report) OC-A/PB			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS-06/6	\$4.09	1	=	\$4.09	4	16.36
B. COSTS OF COMPUTER PRODUCED REPORTS						
4/ TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Retain as is. Requested by DDS.						
14. FUTURE GOALS						
15. PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
RETAIN AS IS <input type="checkbox"/> OTHER (explain) CHANGE DISCONTINUE					MAN-HOURS	DOLLARS
DATE OF INVENTORY ILLEGIB					18. EXTENSION	
17. NAME AND TITLE OF PERSON FURNISHING INFORMATION ILLEGIB					18. EXTENSION ILLEGIB	